

CUSTOMER NO. 23932

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
·	i' - '			Application Nur		09/971720-Co	
FEE TRA	ANSM	IIIAL	ļ	Filing Date		October 4, 20	
For	FY 200	5	- 1	First Named Inv Examiner Name		David I. Hould	
						A. R. Fowlkes	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2122	
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00 Attorney Docket No. 92717-00315USPT							
METHOD OF PAYMENT (check all that apply)							
x Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 10-0447 Deposit Account Name: Jenkens & Gilchrist, a Professional Corporation							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH	I, AND EXAN	INATION FE	ES				
	FILIN	G FEES		RCH FEES	EXAMIN	ATION FEES	3
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							Small Enti
Fee Description							Fee (\$) Fee (\$)
Each claim over 20 (includi	•						50 25
Each independent claim over Multiple dependent claims	er 3 (menuum	g Keissues)					200 100 360 180
Total Claims Extra Claims Fee (\$) Fee P				aid (\$)	Mı	ıltiple Depend	
-20 = X =			Fee (\$)			Fee Paid (\$)	
				•			
Indep. Claims Extra		ee (\$)	Fee P	aid (\$)			
-3=							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction there	of. See 35 U	.S.C. 41(a)(1)	(G) and 3	37 CFR 1.16(s).			
,	ctra Sheets			Iditional 50 or fra			Fee Paid (\$)
100 = 4. OTHER FEE(S)		/50		(round up to a who	ole number)	×	=
Non-English Specification	on \$130 fee	(no small ent	ity disco	unt)			Fees Paid (\$)
Other (e.g., late filing su				ponse within th	nird month		1,020.00
		01 Request	for conti	nued examina	tion (RCE) (see 37	790.00
SUBMITTED BY							
Signature	wleik	U/ Mus		Registration No. (Attorney/Agent)	26,958	Telephone	(214) 855-4713
Name (Print/Type) Stanley R	. Moore	•				Date CLA	119,2005
1/7							
I hereby certify that this correspondence is being deposited with the U.S. Physial Service with sufficient postage as First Class Mail, in							
an envelope addressed to: MS RCE, Commissioner for Patents, P.O. 1001 (150, Alexandria, VA 22313-1450 on the date shown below.							
Dated: 04- 19-0				[]]]	11911	On //	
Dated: <u>U7 / 1/ C</u>	ر/	- ^S ig	nature: _	X / / Jul	vuu	(N	Margo Barbarash)

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